

Kentucky State Plan

Department for Aging and Independent Living

Fiscal Years 2013 – 2015

Steven L. Beshear, Governor
Commonwealth of Kentucky

Audrey Tayse Haynes, Secretary
Cabinet for Health and Family Services

Deborah S. Anderson, Commissioner
Department for Aging and Independent Living



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A Message from the Commissioner

On behalf of Governor Steven Beshear, Secretary Audrey Haynes, and the Department for Aging and Independent Living, I am pleased to present the 2013-2015 **Kentucky State Plan on Aging**. The plan generates the opportunity to lay a foundation for building a successful infrastructure for a wide spectrum of community based services while also ensuring a full continuum of care and supports provided in a setting of an individual's choice.

Four basic cornerstones will be utilized to redesign Kentucky's foundation of care and support for the elderly and/or disabled. The four cornerstones include increased: Coordination; Community Based Services and Supports; Elder Abuse Awareness and Training; and Evidence Based Practices, Quality and Prevention. The Kentucky plan strives to build quality measures and value into every program and service regardless of the setting.

The identified cornerstones continue to support the Department's mission to ensure the provision of services and supports that enhance individual dignity, independence, respect and choice to Kentucky's elders, individuals with physical disabilities and/or brain injuries.

As the aging population continues to increase, it is imperative a variety of service agencies and stakeholders continue to collaborate to provide comprehensive supports to the populations we serve. Collectively, Kentucky remains dedicated to meet such comprehensive needs and to continue moving forward as a leader in the aging and disability community.

Sincerely,

Deborah S. Anderson
Commissioner

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EXECUTIVE SUMMARY

This State Plan is provided by the Kentucky Department for Aging and Independent Living (DAIL) in response to the requirements set forth in the Older Americans Act of 1965 (as amended in 2006). DAIL is designated as Kentucky's State Unit on Aging and is responsible for the provision of leadership across various state and federally funded programs targeting elderly and disabled individuals of all ages. While the plan is required in order to receive federal funding from the Administration on Community Living (ACL) formerly the Administration on Aging (AoA), the content incorporates the broader population served by the various programs within DAIL.

To accomplish the goals identified in this plan, Kentucky must change the culture of aging and disability services within the state. Consumers, especially baby boomers, are demanding services that will not only meet their needs but also embrace their vision of what it means to age as a member of the boomer generation. Today's elders and individuals with disabilities are interested in a broader service array than historically provided that will afford them the opportunity to remain in their own home and live active and integrated lives in their local community.

Kentucky's economic status now and in the future will influence the ability of state and local communities to provide resources for our elderly and disabled populations. The anticipated changes of consumer expectations coupled with a rapid shift of population demographics, the federal (and subsequently state) deficit, health care reform and technological improvements such as Kentucky's Health Information Exchange and Electronic Health Networks are also driving changes within the system. Kentucky was not spared by the national economic downturn. As revenue decreased in Kentucky, government was forced to make reductions in appropriations and services. DAIL has experienced numerous budget cuts over the past four years resulting in service cuts and mandated state employee furloughs. Additional reductions are expected.

Despite the reductions, DAIL along with the Cabinet for Health and Family Services and the aging and disability provider and consumer networks are committed to utilizing innovative approaches to build on opportunities while minimizing the impact of budget restraints to Kentucky's most vulnerable citizens.

While Kentucky remains a fairly homogenous state, with 87% reporting they are white, the health disparities of the total population are significant and the contrast between the Appalachian or otherwise rural areas of the state and urban settings is also dramatic. Kentucky continues to experience a growth in the proportion of individuals who are deemed elderly as the boomer generation continues to age. According to AARP's "Across the States: Profiles of Long-Term Care and Independent Living (2009), Kentucky ranked 10th in the nation when considering the percent of the total population age 65-74. This proportion (7%) is projected to increase to 10.9% by 2030. Kentucky also ranks third for the highest poverty rate for the elderly (13.8%), with all ages at a rate of 13.3%. Kentucky ranks second in the nation for persons age 18-64 with a disability and fourth in the nation for persons age 65+ with a disability including brain injuries.

This state plan generates the opportunity to lay a foundation for building a successful infrastructure for a wide spectrum of community based services while also ensuring a full continuum of care which includes nursing homes and other specialized skilled nursing facilities. The Kentucky plan strives to build quality measures and value into every program and service regardless of the setting. Four basic cornerstones will be utilized to redesign Kentucky's foundation of care and support for the elderly and disabled. The four cornerstones include

increased: **Coordination; Community Based Services and Supports; Elder Abuse Awareness and Training; and Evidence Based Practices, Quality and Prevention.**

NARRATIVE

Coordination. Foremost in Kentucky's plan for serving individuals who are elderly, physically disabled or brain injured is to reevaluate the manner in which potential clients and their caregivers enter the system and are subsequently assessed to receive services.

Research has indicated people, regardless of age or disability, overwhelmingly prefer to remain in their own homes and communities. Nevertheless, Kentucky continues to struggle with increasing the provision of community based care rather than institutional care for the elderly and physically disabled. Almost 81% of total Kentucky Medicaid funding for the elderly and physically disabled is spent in institutional settings while only 19% is spent on community based services.

A key phase of coordination in Kentucky is the on-going transformation of a simplified approach to information and access. Kentucky is improving access through the state-wide network of Aging and Disability Resource Markets (ADRM) referred to as Aging Disability Resource Centers at the federal level. In keeping with the concept of moving away from "bricks and mortar", Kentucky will no longer refer to "centers" as it implies a specific building where one has to go to to receive information. Markets refer to an entire marketplace for access to services. The markets are a one-stop shop, either virtual or in person, for aging and disability resource information, programs and services. The ADRM can be operated by a multitude of providers including the Community Mental Health Centers (CMHC), Area Agencies on Aging and Independent Living (AAAIL), Centers for Independent Living (CIL), advocacy organizations and other providers or the ADRM can be accessed through the virtual marketplace on-line.

In 2011, Kentucky's ADRMs received over 101,000 calls for assistance. The ADRMs have also been designated the Local Contact Agency by the Department for Medicaid Services. This designation provides the pathway for all hospitals, healthcare facilities and nursing homes to refer residents to the ADRM when they indicate they would like to explore living in the community. In turn, the ADRM also refers individuals who may be eligible for Kentucky Transitions Program (Money Follows the Person demonstration) to Medicaid.

Kentucky has also been implementing a significant innovation entitled the Kentucky Care Coordination project. This project will standardize case management intake and comprehensive assessment with all DAIL contracted and sub-contracted agencies. The agencies share a common database thereby decreasing duplication of effort and service delivery. Care Coordination will be fully implemented statewide by 2013. Collectively, building upon the principles of person centered planning and best practice protocols, these efforts will improve the delivery system by streamlining consistent communication and reducing duplication of effort.

In addition, Kentucky plans to modernize the provision of services traditionally provided within senior centers. Many of Kentucky's baby boomers report they don't want to go to a traditional senior center and would rather access a wide variety of services and opportunities within the community. Kentucky will revise current state regulations to allow communities the option of providing traditional Senior Center services without requiring a designated building, thus, a center "Without Walls".

Community Based Services and Supports. Key to changing Kentucky's current system of care is the need for Kentucky's network to expand business models to address the demands of the current market and national and state trends. Kentucky will utilize the Kentucky provider, consumer and advocacy networks to reevaluate the current service array within DAIL including the current HCB Medicaid waivers in order to enhance the service capacity to meet today's consumer demands.

A significant area of concern in Kentucky's current system is the lack of resources available for specialized populations such as brain injury and Alzheimer's disease. Brain injury is a substantial problem within Kentucky and continues to be a growing epidemic across the Commonwealth. It is estimated that approximately 30,500 Kentuckians sustain a brain injury annually. Of those diagnosed with a Traumatic Brain Injury (TBI), less than 5% are being served within the current brain injury programs. Even within that 5%, the actual needs of the individual are not completely met due to limited providers and lack of resources statewide.

The National Alzheimer's Association estimates the rate of Alzheimer's and other dementing diseases in the population age 85+ is nearly fifty percent. According to projections by the Kentucky State Data Center, there will be 106,624 individuals age 85+ by 2030 in Kentucky. This is a 54.06% increase from the 2010 census. One in 8 persons over age 65 has AD; of those with AD, an estimated 4 percent are under age 65, 6 percent are 65-74, 44 percent are 75-84 and 46 percent are 85 or older. People age 65 and older survive an average of four to eight years after diagnosis, yet some live as long as 20 years with Alzheimer's. On average, a person with AD will spend more years in the most severe stage of the disease than in any other stage. An estimated 60 -70% of older adults with ADRD live in the community. Of those living in the community, 75 percent live with someone and the remaining 25 percent live alone." In Kentucky in 2011 there were 264,658 AD family caregivers providing 301,302,092 hours of unpaid care. Eighty percent of care at home is provided by family caregivers. Caring for a person with ADRD is often very difficult, and causes emotional and financial stress as well as negative impact on the caregivers' own health. (*2012 Alzheimer's Disease Facts and Figures* report).

Future strategies must also address efficiencies of state-wide systems to serve individuals with disabilities who are medically complex. Due to the prevalence of chronic disease and the proportional increase of individuals who are aging, Kentucky will soon have the highest population levels of disability requiring long-term care.

People, regardless of age or disability, overwhelmingly prefer to remain in their own homes and communities. Nevertheless, Kentucky continues to struggle with increasing the provision of community based care rather than institutional care for the elderly and physically disabled. Kentucky ranks 30th out of 39 states (12 states and the District of Columbia did not provide data) for total expenditures for the elderly and disabled. Additionally, 80.7% of total Medicaid funding for the elderly and physically disabled is spent in institutional settings while only 19.3% is spent on community based services. Kentucky ranks 32nd in total expenditures for waiver services for the elderly and physically disabled and is the 16th highest in expenditures in nursing homes.

Kentucky plans to explore options available under the Affordable Care Act to engage the provider network and housing corporations to explore the development of additional supported housing options for the populations served by DAIL including the elderly, brain injury, wards of the state and those with Alzheimer's Disease and related dementia. Discussions will revolve around national models for continuing care communities, supportive housing concepts, co-housing and various supportive neighborhood development trends .

Further exacerbating the need for community based services and supports are the number of grandparents and other relatives who are raising family members. Nationally, nearly half the states had increases of 40% or more over the last decade in the number of grandchildren living with grandparents. Kentucky was one of six states

leading the nation in the increase of the number of grandparents raising grandchildren (Associated Press, 2011).

Elder Abuse Awareness and Training. DAIL will ensure the rights of senior Kentuckians and individuals with disability by offering consistent and accurate information through the ADRM as well as supports and advocacy through the Long-Term Care Ombudsmen, Public Guardianship Program, Local Coordinating Councils on Elder Abuse, and the Legal Services network.

The Long Term Care Ombudsman Program (LTCOP) is given the charge to promote systemic advocacy aimed at improving both the quality of life and the quality of care for all citizens residing within the long term care system. The Kentucky LTCOP created and will continue to enhance the Multi Agency Regional Forums representing Government partners such as Adult Protective Services, Guardianship, Office of Inspector General, Office of Attorney General, Area Agencies on Aging and Independent Living, Protection and Advocacy and the Long Term Care Ombudsman.

Kentucky is a national leader in its coordinated grass roots efforts at raising awareness of elder abuse in individual communities across the state. Local Coordinating Councils on Elder Abuse serve as a model for other states to emulate. This network of councils has successfully created public awareness through published literature available at various frequently visited locations in their area.

The State LTCO will continue to develop and conduct training and awareness courses on Elder Abuse and the need for community involvement. Additionally, the Ombudsman program will continue to partner with the Department of Criminal Justice to develop and provide training for all law enforcement agencies across the state.

Currently, a legislatively mandated State Elder Abuse Committee is charged with raising awareness and better coordinating services safeguarding vulnerable adults from abuse, neglect and exploitation. DAIL and the Office of the State Long Term Care Ombudsman will work with the Elder Abuse Committee to focus on professional development and public awareness. The Ombudsman program seeks to promote a safe environment for all residents and to be the voice for a variety of issues that affect any resident in long term care. Lesbian, Gay, Bisexual, and Transgender (LGBT) elders often decide to “re-closet” once the need for LTC arises. Recognizing the needs of the aging LGBT community, the Ombudsman program has developed a training program, aimed at educating the general public and long term care facility staff of the unique needs of our LGBT elders, as well as gaining a better understanding of how actions, whether intended or not, can be extremely hurtful and harmful to others.

Abuse of individuals with Alzheimer’s or disabilities is expected to increase as the population ages. The Kentucky Council on Alzheimer’s Disease as well as the Institute on Aging remains firmly resolved to the establishment of formalized training for all Nursing Home and residential living personnel as well as hospital staff and first responders.

Evidence Based Practices, Quality and Prevention. The Kentucky state plan includes increased prevention programming targeting individuals who have a chronic disease or other disabilities. Currently, Kentucky offers the Chronic Disease Self-Management Program (CDSMP). Partnerships with state and local Public Health Departments, Universities, Housing and Urban Development (HUD) coordinators, and various other community agencies have, and will continue to be established to sustain CDSMP. The program will further be sustained through the support of the Older Americans Act (OAA) Title IIID funding.

By using funds from the Alzheimer's Disease Supportive Services Program (ADSSP), a grant funded by the Administration on Community Living, the Department for Aging and Independent Living is exploring the translation of an evidence based approach, entitled the Tailored Activities Program (TAP), to decrease irritability and agitation of individuals with Alzheimer's disease and decrease frustration of caregivers. Research has demonstrated TAP effectively decreases the stated outcomes in an in-home setting through a series of individualized activities by an Occupational Therapist.

Kentucky plans to continue marketing viable resources of the Area Agencies on Aging and Independent Living network for reducing costly and unavoidable hospital admissions and re-admissions across the state in addition to other types of out of home placements. Currently, Kentucky has the second highest rate of potentially avoidable hospitalizations among dual beneficiaries (Medicaid and Medicare) and the 3rd highest rate among the same population in nursing facilities (Segal, 2011). Regions are in various planning stages in strengthening community partnerships with the healthcare communities and the Department will continue to emphasize the important focus of resources and commitment to best meet the needs of individuals within each community.

Paralleling the commitment of the Centers for Medicare and Medicaid Services, Kentucky promotes the use of Medicare preventive benefits through the State Health Insurance Assistance Program (SHIP). State-wide SHIP counselors provide information to beneficiaries on the broad range of services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided.

Kentucky plans to continue to focus on injury prevention and awareness through a collaboration between Governmental and community stakeholders addressing the ongoing issues of falls and injury prevention among our aging and disabled populations, as well as the general public.

Kentucky must also embrace changes in technology in coordination, access and service provision. In the future, technology will be a tool for measuring outcomes and quality indicators, creating connectivity to improve coordination and quality including sharing information across the continuum to improve care transitions, reduce unnecessary care, duplication, and readmissions thereby streamlining processes and improving staff productivity.

Kentucky has become the sixth state to join the Administration on Community Living's Sentinel States Reporting Initiative (SSRI). The initiative provides the framework for the creation of a consolidated warehouse where detailed program data will be used for analytics to seek new insights about the State and national aging network and its consumers, and to evaluate trends in supporting seniors who reside in communities rather than long term care alternatives. SSRI participants will continue to grow as additional States are added each fiscal year and will allow for more rigorous program evaluations that demonstrate the efficacy of its programs. Participating States will also have access to other States for comparisons. Thus far, participating states have demonstrated a growing number of individuals "aging in place" within their own homes or communities.

Kentucky will maintain effective and responsive management by keeping electronic data systems current and routinely utilizing current data trends to evaluate performance and identify potential gaps. DAIL is in the process of upgrading Harmony's Social Assistance Management System™ (SAMS™), a comprehensive database for the Aging network, to include a report module to routinely generate internal reports rather than relying on vendor staff. SAMS™ meets the privacy and security rules as defined by the Health Insurance Portability and Accountability Act (HIPAA), of 1996. The secure system provides for data entry at the regional level and data mining at both the local and state level. This upgrade will greatly increase the efficiency and capacity to use "real time" data to make informed decisions about program changes or quality improvement.

Success will be measured by the number of reports that will be used for various projects and time saved producing quarterly and year-end reports.

Based on the four cornerstones of change listed above, DAIL will provide the leadership to accomplish the following federal goals throughout the designated planning period:

Goal 1. Empower older Kentuckians, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options;

Goal 2. Enable senior Kentuckians to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;

Goal 3. Empower older Kentuckians to stay active and healthy through Older Americans Act services and prevention benefits, including programs funded through Medicare;

Goal 4. Ensure the rights of older Kentuckians and individuals with disabilities and seek to prevent their abuse, neglect, and exploitation; and,

Goal 5. Maintain effective and responsive management.

CONTEXT

The Department for Aging and Independent Living (DAIL) is Kentucky's designated lead agency to serve individuals who are elderly, physically disabled or have a brain injury. Currently, DAIL contracts or sub-contracts with a statewide network of regional Area Agencies on Aging and Independent Living (AAAIL), Community Mental Health Centers (CMHC), Brain Injury Providers and Centers for Independent Living. Collectively, the network carries forth the objectives of the Department including the Older Americans Act.

Moreover, DAIL coordinates the Consumer Directed Option within five of Kentucky's Home and Community Based Medicaid Waivers, in addition to Traumatic Brain Injury, Hart-Supported Living (for individuals with a disability recognized by the Americans with Disabilities Act), and Personal Care Attendant Program (PCAP), and certifies Adult Day Care and Assisted Living communities.

MISSION & VISION

The Mission of the Department for Aging and Independent Living is to ensure the provision of services and supports that enhance individual dignity, independence, respect and choice to Kentucky's elders, individuals with physical disabilities and brain injuries.

Vision: All Kentuckians, regardless of age or ability, will have access to quality services and supports provided in a setting of their choice.

Kentucky's structure and overarching vision and guiding principles provide the framework for DAIL to advance goals and objectives that fall in-line with both national and state strategic goals.

Like the Administration on Community Living (ACL) Strategic Action Plan (2007-2012), Kentucky's initiatives for rebalancing its long-term care system also compliment and support that of the Centers for Medicare and Medicaid's plan for long-term care reform. Kentucky envisions a system where funds and programs in the public and private sector are streamlined to enable easy consumer access. The system will allow the elderly and those with disabilities to have access to a full continuum of quality services that match the consumer's needs, and are delivered in a timely manner. Kentucky's service array will continue to be built upon a person-centered philosophy of care, which is indicative of a system in which the needs of the individuals drive the organization of the system rather than the settings in which care is delivered.

In addition, the Department for Aging and Independent Living will continue to develop a system of care that will provide Kentuckians:

- Affordable choices and options that promote people's independence and dignity as well as support their overwhelming desire to remain at home;
- Meaningful involvement and control in the design and delivery of the programs and services that affect their lives;
- Empowerment to make informed decisions about their care options;
- Easy access to a full range of health and long-term care supports;
- High-quality, flexible services and supports that can respond to the unique and ever changing needs of individual consumers and their family caregivers; and,
- Right of protection from elder abuse, fraud and exploitation.

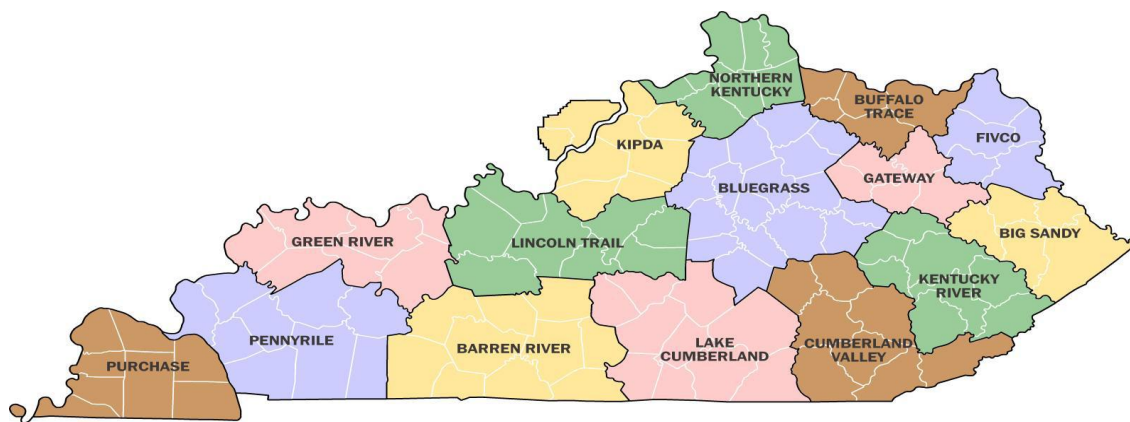


Figure 1. Kentucky's fifteen (15) Area Agencies on Aging and Independent Living districts.

Kentucky Aging and Disability Demographics

According to the U.S. Census Bureau, Kentucky's total population in 2010 was 4,314,113 and is expected to increase to an estimated 4,554,998 by 2030. The largest proportion of persons contributing to this increase is

the Baby Boom generation. Related, in 2010 the percent of population age 60 and older contributed to 18.8% of the total population; however, this proportion is projected to increase to 25.6% by 2030. Currently, those who are the “oldest of the old” (those who are 85 years and over) make up 1.7% of Kentucky’s total population.

Kentucky remains a fairly homogenous state, with the majority of residents reporting they are white (87.2%), 7.7% are black, 2.7% are Hispanic or Latino with the remaining 2.4% reporting as “other”. In contrast, diversity between the Appalachian areas of the state and urban settings is dramatic. The differences present unique challenges for transporting evidence-based practices and support services into rural, community-based settings. According to the Administration on Community Living’s “A Profile of Older Americans: 2009”, Kentucky ranked third for the highest poverty rate for elderly during 2008 (13.8%) with all ages at a rate of 13.3%. Kentucky also ranks higher than national estimates for individuals with disability status, more specifically, 4th in the nation for persons age 65+ with any disability and 2nd in the nation for persons age 18-64 with any disability (Table 1).

Disability	Number (1,000s)	Percent	National Rank	U.S.
Persons age 65+ with disabilities, 2007:				
Sensory	110	21%	4	16%
Physical	201	39%	3	31%
Mobility	113	22%	2	18%
Self-care	65	13%	4	10%
Cognitive/mental	86	16%	2	12%
Any (one or more of the five above)	254	49%	4	41%
Cognitive/mental and any other disability	81	16%	2	11%
Persons age 18-64 with disabilities, 2007:				
Any	462	17%	2	11%
Cognitive/mental and any other disability	144	5.4%	3	3.2%
Persons age 65+ with Alzheimer’s disease, 2010 (projected)	80	14%	13	13%

Table 1. Adapted from *AARP Across the States: Profiles of Long-Term Care and Independent Living, Kentucky (2009)*.

Organizational Structure

Kentucky is making a concerted effort to modernize and rebalance its long-term care service system by reducing institutionalization and increasing opportunities for people to experience meaningful lives in the community. In an attempt to coordinate these activities more effectively, the Kentucky Department for Aging and Independent Living (DAIL) was established in December of 2006. DAIL replaced and significantly expanded the capacity of the former Division of Aging to include the Division of Guardianship, Hart Supported Living and Traumatic Brain Injury Trust Fund. Consolidating the oversight and management of the long-term care system into a single agency bridges the disparity between the policies and core principles of institutional care with those of community-based care. This reorganization supports the goal of increasing the provision and

sustainability of needs-focused long-term care programs and services that are highly specialized to accommodate the needs of particular consumers and populations, such as Alzheimer's disease and brain injury.

DAIL is located within the Kentucky Cabinet for Health and Family Services (henceforth referred to as the Cabinet). Sister Departments include Community Based Services (Adult and Child Protection), Income Support, Family Resource Centers and Volunteer Services, Medicaid Services, Department for Behavioral Health, Developmental and Intellectual Disabilities, Office of Inspector General, and Public Health. Each of these Cabinet agencies play an integral part in providing comprehensive services to elderly and disabled Kentuckians. While DAIL administers all of the programs funded through the Older Americans Act, other agencies manage additional federal and state funded programs that benefit older Kentuckians. DAIL's placement within the Cabinet allows DAIL to maintain open communication with the other agencies and provide insight and direction in how the elderly and disabled should be served. The Commissioner for the DAIL reports directly to the Secretary of the Cabinet who in turn, reports directly to the Governor's Office (Attachment A).

Aging and Disability Network

DAIL collaborates with the fifteen (15) Kentucky Area Agencies on Aging and Independent Living (AAAIL), as well as their providers, to offer an array of services to meet the needs of aging and disabled Kentuckians (Attachment B). In recent years, DAIL has expanded its partnerships to include the Community Mental Health Centers, Centers for Independent Living, Brain Injury providers, and the various licensed and certified residential facilities for the elderly and disabled.

DAIL is the lead state agency responsible not only for administering the programs included in the Older Americans Act but for establishing and maintaining the infrastructure necessary to meet the needs of the aged and disabled at the local level. Key partners are the AAAIL, which are designated by the State Agency to develop and administer regional plans that must detail a comprehensive and coordinated system of services to meet the unique needs of all older individuals in planning and service areas (Attachment B). A planning and service area is a geographic area within the state that is delineated by the State Agency for purposes of planning, development, delivery and the overall administration of services under the Area Plan. The State Agency has designated the multi-county grouping which correspond to Kentucky's Area Development Districts as planning and service areas. Most community-based services for older persons living in Kentucky are accessed via the fifteen (15) AAAIL located across the state (Figure 1). Collectively, this network reaches approximately 373,168 individuals through Title III programs, 177,805 individuals via Title VII programs, and over 100,000 with state funded programs across Kentucky, annually (FY 2011 data).

Administratively, DAIL develops policies and procedures for community-based programs that are implemented through local AAAIL, Community Mental Health Centers, and Centers for Accessible Living. In turn, it is DAIL's role to monitor the AAAIL to ensure that policies and procedures are implemented correctly and efficiently, and to insure financial accountability.

Non-institutional options for long-term care services include Title III in home services, the State Homecare Program, Consumer Directed Options within five waivers, Personal Care Attendant Program, Adult Day Care and Alzheimer's Respite, Assisted Living Communities, the Public Guardianship Program, and Traumatic Brain Injury Trust Fund.

Another key component of the Kentucky aging and disability network includes the various advocacy and provider associations that work closely with the Department to improve the delivery system. Organizations include but are not limited to, Brain Injury Alliance of Kentucky, AARP, Alzheimer's Association of Kentucky, ARC of Kentucky, Kentuckians For Nursing Home Reform, Protection and Advocacy, the Kentucky Initiative for Quality Nursing Home Standards, Kentucky Institute on Aging, Leading Age Kentucky, Kentucky Association of Healthcare Facilities and the Association of Adult Day care Centers are needed and welcome partners of the Department.

State and Federally Funded Programs

Adult Day Care and Alzheimer's Respite. Adult Day and Alzheimer's Respite programs provide social and related support services for older persons and those with Alzheimer's disease. These programs are designed to ease some difficulties of daily living and caregiving while helping elder Kentuckians remain in the mainstream of community life.

Certified Adult Day programs are social models, which include supervision and care provided during any part of a day, but less than 24-hour care. All programs offer help with self-administration of medications, personal care, self-care, social activities, and recreation.

Alzheimer's respite is a program of supervision and care provided to a person with Alzheimer's disease or related dementia to give caregivers temporary relief from care-giving duties. Alzheimer's respite services may be provided in the home or in an adult day care setting.

Competitive and Discretionary Grants. DAIL has been fortunate to receive several grants from organizations such as the Administration on Community Living and the Centers for Medicare and Medicaid Services. Recent awards include: ADRC: Empowering Individuals to Navigate their Health and Long Term Care Support Options; Alzheimer's Disease Supportive Services Program: Tailored Activities Program; Chronic Disease Self-Management; and a Real Choices Systems Change Grant: State Profile Tool Assessing a State's Long-Term Care System. The Department will continue to aggressively seek additional funding opportunities to support older Kentuckians and adults with disabilities.

Consumer Directed Option. Kentucky perceives consumer directed options as potential approach to offer long-term care for future generations. In Kentucky, the cash and counseling, or Consumer Directed Option approach, allows Medicaid recipients (or their representative) receiving one of five Home and Community Based waiver services (Table 2) to direct their own non-medical services (Model II waiver is exempt, as it is for individuals who depend on a ventilator). Recipients or their representatives learn to train, hire, and fire their own employees.

Elder Abuse Prevention. This program trains law enforcement officers, health care providers, and other professionals on how to recognize and respond to elder abuse; supports outreach and education campaigns to increase public awareness of elder abuse and how to prevent it; and supports the efforts of local elder abuse prevention coalitions and multidisciplinary teams.

Hart-Supported Living. The Hart-Supported Living program provides grants to individuals who meet eligibility as defined under the Americans with Disabilities Act (ADA). The grants provide a broad category of highly flexible, individualized services that, when combined with natural unpaid or other eligible paid supports, provide the necessary assistance to enable a person who is disabled to live in a home of the person's choice.

Disease Prevention and Health Promotion - includes routine health screening, nutrition counseling and education services, health promotion programs, home injury prevention, mental health screenings, benefits counseling, medication management screening education, and rehabilitation information through the area agencies on aging and independent living.

Kentucky Family Caregiver Support Program. The Kentucky Family Caregiver Program provides a wide range of services including matching grandparent caregivers with support groups and providing information about resources, assistance in accessing services, counseling and training. The grandparent must be the primary caregiver for a grandchild up to the age 18 who is related to the child by blood, marriage or adoption.

Long-Term Care Ombudsman. The Kentucky Long-Term Care Ombudsman program advocates for the 33,381 residents of nursing homes, personal care homes and family care homes throughout Kentucky. Ombudsmen work to resolve problems of individual residents and to bring about improvements in care through changes at the local, state and national levels.

National Family Caregiver Support Program. The National Family Caregiver Support Program offers flexible benefits and support services to informal caregivers of people 60 years of age or older, an individual with Alzheimer's Disease or a related disorder and also for grandparents and relatives age 55 or over caring for a relative child no older than 18 years of age related by birth, marriage or adoption. The services include: information and assistance, counseling, support groups and respite care.

Nutrition Program for the Elderly. The nutrition program includes home-delivered meals and congregate meals at nutrition sites. The program helps improve the eating habits of participants, offers social networking opportunities and helps the participants remain healthy and independent by reducing hunger and food insecurity.

Personal Care Assistance Program. The state funded consumer directed Personal Care Assistance Program (PCAP) is designed to help severely physically disabled adults at risk of institutionalization to live in their own homes and communities by subsidizing costs of personal attendant services. Participants must be 18 years of age or older, severely physically disabled with permanent or temporary recurring functional loss of two or more limbs.

Public Guardianship Program. Kentucky's public guardianship program currently serves over 3,200 wards of the state. The program has regional offices throughout Kentucky. Guardianship is a legal relationship between a court appointed guardian and an individual that has been declared "legally disabled" (wholly or partially). In guardianship the court has determined the individual is unable to care for personal needs and /or unable to manage his/her financial resources. If no family member, friend or neighbor is willing to serve or able to care for the individual, then as a last resort, a state guardian will be appointed by the court.

Legal Assistance. The legal assistance network in Kentucky is composed of the Access to Justice Foundation (AJF) Legal Helpline for Older Kentuckians, a statewide legal advice and referral service that has been operating since 1999, in partnership with the four regional Legal Service Corporation (LSC) funded civil legal aid programs. Access to Justice Foundation serves as a statewide advocacy and coordination agency for civil legal aid and receives funding from state and local sources.

Senior Citizen Centers - More than 200 senior centers are located throughout Kentucky with at least one located in each of the state's 120 counties. The centers provide information and assistance, wellness opportunities, volunteer opportunities and social activities and services related to people 60 and older.

Senior Community Service Employment Program. The Senior Community Service Employment Program provides training and part-time employment opportunities to low-income people age 55 and older. Participant benefits include: earned income; training and experience to develop employment skills; annual physical exams; the chance to obtain unsubsidized employment; social and physical activities; and engagement in activities that support independence.

State Health Insurance Assistance Program. The Kentucky State Health Insurance Assistance Program (SHIP) is a federally funded program which provides information, counseling and assistance to seniors, disabled individuals, family members and caregivers. This statewide service is provided at no charge by local, well-trained counselors who provide objective counseling and assistance to people with questions or problems regarding Medicare and other related health insurances.

State Homecare Program. The Homecare Program assists adults who are at risk of institutional care to remain in their own homes by providing supports and services to ensure daily needs are provided by coordinating the client's plan of care utilizing both formal and informal caregivers. Participants must be 60 years of age or older and unable to perform two activities of daily living or three instrumental activities of daily living or a combination of the two. Assessment and case management, home management and personal care, home delivered meals, chore services, home repair, and respite for family caregivers and home-health aide services are among the types of assistance provided through the Homecare program.

Traumatic Brain Injury Trust Fund. The TBI Trust Fund was established to provide flexible funding and support to those with brain injuries. The fund supports supplemental community-based efforts to meet the special needs of each individual with a brain injury. People with a partial or total disability caused by injury to the brain are eligible to receive support from the TBI Trust Fund. Eligible individuals have impaired physical, cognitive, and behavioral abilities. Injuries to the brain may be a result of physical trauma, damage resulting

from a lack of oxygen, allergic conditions, toxic substances and other medical incidents, including damage caused by drug overdoses or alcohol poisoning.

Waiver Programs. DAIL is responsible for the administrative and monitoring oversight of the Consumer Directed Options within the six Home and Community Based Services waivers in Kentucky. The waivers include the Acquired Brain Injury/Acute, Acquired Brain Injury/Long-Term Care, Home and Community Based (HCB), Michele P. and Supports for Community Living. Of those, only two operate without waiting lists (HCB and Michele P.). While Kentucky has multiple waivers, the state ranks 41st in the nation when comparing the total Medicaid HCBS waiver expenditures for all populations (\$282M spent in 2007); yet, ranks 19th in the nation for institutional expenditures with \$909M expended in the same timeframe. This imbalance coupled with the HCB waiver wait lists as well as the expected increase in proportion of those who are aging creates an additional challenge for Kentucky as future planning occurs during an economic crisis.

Kentucky HCB waivers and corresponding target populations

Waiver	Targeted Population	State Agency	Local Agencies
Acquired Brain Injury (ABI)*	Short-term, intensive supports for those with an acquired brain injury	Department for Medicaid Services (DMS), Department for Aging and Independent Living (DAIL)	Statewide network of private providers Some Community Mental Health Centers (CMHC; optional)
Acquired Brain Injury – Long Term Care (ABI-LTC)*	Acquired brain injury with long-term supports	DMS	Statewide network of private providers Some CMHC (optional)
Home and Community Based (HCB)*	Elderly or disabled who meet nursing facility level of care	DMS, DAIL	Area Agencies on Aging and Independent Living (AAAIL) Home Health Agencies
Michele P*	Intellectual disabilities and/or developmental disabilities	DMS, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), DAIL	Statewide network of private providers CMHC (optional)
Model II	Ventilator dependent	DMS	Home Health Agencies
Supports for Community Living (SCL)*	Intellectual disabilities and/or developmental disabilities	DMS, DBHDID, DAIL	Statewide network of private providers CMHC

Table 2. Structure of HCBS Medicaid waiver administration in Kentucky.

***NOTE:** DAIL is contractually responsible for the Consumer Directed Option component of each indicated waiver.

BUDGET: CUTS AND IMPACT

Kentucky is struggling through economic turbulence and continual cuts in state funding. The previous legislative sessions have focused on the budget and reductions were required of all Cabinets. As a result of recent reductions, services funded by State General Funds were reduced, and mandated furlough days were required of all employees of the State. DAIL is diligently searching for ways to reduce the impact caused by these cuts on our most vulnerable participants through examination of duplication of services as well as the addition of cost sharing for some programs.

In fiscal year 2012, DAIL operated with a total budget just over \$63M (Figure 3). The sources of funds include state general, federal, and restricted. The past three fiscal years have also included budget cuts (\$725,700/FY 2011); (\$2,073,100/FY 2010); and (\$1,746,800/FY 2009) for a total of \$4,455,200.

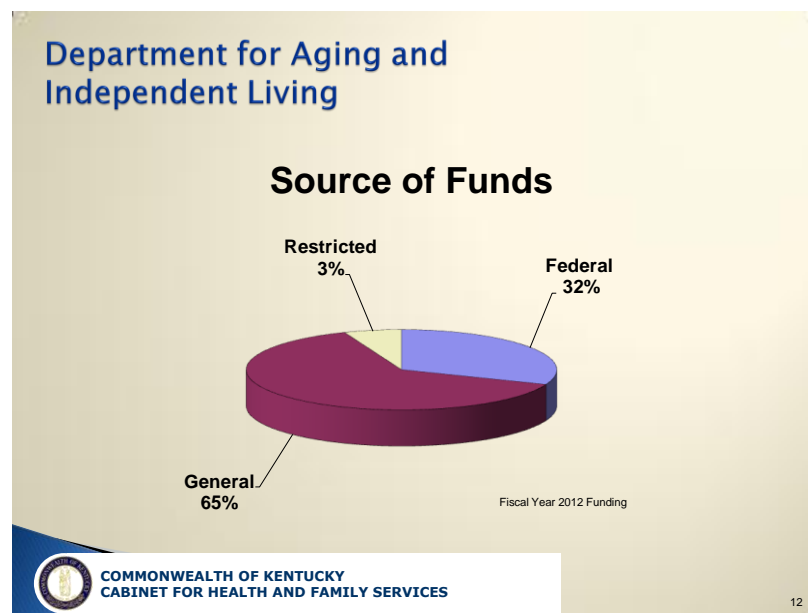


Figure 3. Funding sources for Kentucky's Department for Aging and Independent Living

Although Title III federal funding does support some seniors in receiving meals and various other homecare services, community based services for seniors are funded primarily through the state budget for the Homecare Program. Fees paid by clients for Homecare services are often waived due to income level. However, for clients that must pay a fee, the amount is adjusted according to a guideline based upon household size, income, and poverty level. Adult Day and Alzheimer's Respite services are funded through the state budget as well; however, a system encouraging voluntary contributions is established in each center. Medicaid waivers are available to fund Consumer Directed Options and include the Home and Community Based waiver (HCB), Supports for Community Living waiver (SCL) and the Acquired Brain Injury waiver (ABI).

Assisted Living Communities in Kentucky are social models and therefore are ineligible for payment under Medicaid and Medicare. Seniors residing in Assisted Living Communities in Kentucky primarily private-pay or possess long-term care insurance. Only two Assisted Living Communities in Kentucky are approved residences for Housing and Urban Development (HUD or Section 8) rental assistance.

Waiting Lists and Persons Underserved

Waiting lists exist across all programs (Figure 4) with the exception of the Home and Community Based waiver that has yet to reach maximum enrollment. During FY 11 the total number of individuals waiting or underserved equals 19,101. Perhaps the largest underserved population is those who need home delivered meals with a total of 8,199 requests (6,393 with Title III funds and 1,806 Homecare funds) that could not be fulfilled.

The “Awaiting Services” category designates individuals who have been assessed and are immediately ready for service provision should a “slot” become available. The “Requests for Services” category designates those who are on a waiting list to be assessed for services and the “Underserved” are those whose needs are not fully being met.

Primarily due to the rural areas of the state, AoA funded transportation remains an unmet need with a total of 655 underserved or waiting on service provision to begin. The Homecare program also has a large number of individuals waiting on services or experiencing underserved situations. Homemaker services are the most unmet need with a total of 5,290 individuals waiting on services to begin or expand.

WAITING LIST AND UNDERSERVED

Program	Underserved	Waiting/Requested	Total
Meals	3,450	4,749	8,199
Personal Care Attendant	72	387	459
Adult Day Care	71	107	178
In-home Services	4,284	4,240	8,524
Family Caregiver	548	600	1,148
Kentucky Caregiver (Grandparent Program)	195	60	255
Hart Supported Living	NA	338	338
Total	8,620	10,481	19,101

* Data as of June 30, 2011

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Table 4 Waiting list for Title III funded meal services at the end of Fiscal Year 2011.

Brain injury occurrences are a growing epidemic across the Commonwealth. It is estimated that approximately 30,500 Kentuckians sustain a brain injury annually. Of those diagnosed with a TBI, less than five percent are being served. Of that five percent very few are receiving the services they actually need due to limited providers and lack of resources statewide. Funding for the TBI Programs is based solely upon a percentage of DUI fines and courts costs for moving violations. Presently, over 1,000 individuals are on waiting lists for services. Of those affected by brain injury, motor vehicle traffic crashes and falls were the primary causes of brain injury however falls are continuing to rise with children ages 0 to 4 and adults 65 years or older. The highest incident of brain injury is within Perry, Clinton, Owsley, Russell (Kentucky Traumatic Brain & Spinal Cord Injury Surveillance Project, KIPRC, July 1, 2011)

Cost Sharing

In an attempt to serve more Kentuckians despite the reduction of funding, the Department for Aging and Independent Living shall allow cost sharing on the following services funded by the Older Americans Act (Title III B and Title III E), and Kentucky state general funds. Personal Care; Homemaker; Chore; Adult Day Care; Assisted Transportation; Disease Prevention and Health Promotion and Part E respite and supplemental services: PCAP: Homecare. Services that may not cost share are: Information and Assistance, Outreach, Benefits Counseling, Case Management, Ombudsman, Elder Abuse Prevention, Legal Assistance, Congregate or Home Delivered Meals, Consumer Directed Option, or Kentucky Caregiver Support Program. Public Hearings will be held in each region prior to the implantation to cost sharing.

The AAAIL shall be responsible for determining cost sharing paying status, using state defined criteria. The copayment amount shall be based on the household's percentage of poverty, as follows (Table 5):

Percentage of Poverty	1 Person	2 Persons	3 Persons or More
0-129%	0%	0%	0%
130%-149%	20%	0%	0%
150%-169%	40%	20%	0%
170%-189%	60%	40%	20%
190%-209%	80%	60%	40%
210%-229%	100%	80%	60%
230%-249%	100%	100%	80%
250% and above	100%	100%	100%

Table 5. Copayment per percentage of household poverty

A contribution from an individual, family, or other entity shall be encouraged. Suggested contribution or donation rates may be established; however, pressure shall not be placed upon the client to donate or contribute. Services shall not be withheld from an otherwise eligible individual based upon the individual's failure to voluntarily contribute to support services and the individual will be made aware of the new policy.

STATE AND NATIONAL TRENDS

Equitable distribution of funding: Nationally and in Kentucky, the service array for individuals with developmental disabilities has been rebalanced from institutional services to community based services to such an extent that today roughly 92% of individuals with DD live in homes and apartments in the community and only 8% living in institutions. However, services for the elderly and physically disabled, especially in Kentucky, have not been nearly as successful and as such, the vast majority of services and funding are provided in institutional settings. Today in Kentucky, if a 73 year old woman needs services that include daily nursing care, she is likely to be placed in a nursing home. On the other hand, her mirror image, a 73 year old woman with DD will be placed in a home or apartment in the community and will receive the needed care in her own home.

Infrastructure: National trends in long term care include strengthening the state government infrastructure to merge long term care services and supports into one centralized system. DAIL has taken an active role in strengthening the infrastructure and plans to continue to pursue centralizing into the Department the operation of all programs and supports for the elderly, physically disabled and brain injured, regardless of the funding stream.

Affordable Care Act: Like other states, DAIL is exploring various options now available under the affordable care act that allows for more flexibility in delivering Medicaid services. Kentucky plans to work with the disability and aging network to determine the impact of such new options as the 1915I state plan amendments and the Community First Choice Option.

Simplifying Programs: Kentucky has numerous state and federal programs that provide duplicative services or create a disparity in services for different populations. In addition, reimbursement rates fluxuate greatly by program. Reducing the number of waivers and programs, developing broad categories for each service and allowing agencies to provide a variety of services both within facilities and in the home setting would streamline the care, prevent premature nursing home and hospital admissions and allow the state to better predict the cost of care.

Grant Development: DAIL was awarded a 3-year Real Choice Systems Change Grant from the Centers for Medicare and Medicaid Services for the development of a State Profile Tool: A Model for Assessing a State Long-Term Care System. This grant affords the opportunity to further the state's rebalancing efforts. There are two phases of the grant spanning over 3 years (September 2007 – September 2010). Phase I involves the completion of the State Profile Tool over an 18 month period to assess Kentucky's long-term care service system for individuals who are frail and elderly, in addition to persons with physical disabilities, intellectual and/or developmental disabilities, mental illness, autism, and brain injury. With the exception of the elderly category, child specific data will also be included in the profile and a wide array of stakeholders is working together to develop the summary. Phase II will involve collaboration with CMS and their National Balancing Indicator Contractor to adopt state-specific balancing indicators and explore a common set of national indicators. The supplemental demonstration will also include the development, dissemination and analyses of two surveys related to characteristics of CDO staff and providers. Ten states initially received the State Profile Tool funding with the option of accepting supplemental funding and work.

Disaster Planning: DAIL has a Disaster Coordinator who is the initial point of contact to initiate implementation of the disaster plan and protocol and assure the protocol includes the programs, documents, equipment, supplies and communications necessary to serve older adults and individuals with disabilities. The coordinator provides direction to staff to begin implementation of contact and information dissemination with regional and local agencies. DAIL will coordinate its disaster preparedness efforts to secure the connection between officials responding to disasters and emergencies with providers of services for the elderly in regional and local communities. The plan will include a process for the storage of records and computerized documents and transfer to an alternate work space for department staff at a separate location in the event a disaster destroys its facility and contents of the facility and assure the protocol provides for resuming operations within 24 hours of a disaster. The plan will include language that commits department resources to emergency response efforts as required; especially in regards to older adults and individuals with disabilities.

The University of Kentucky, Ohio Valley Appalachia Regional Geriatric Education Center, has conducted trainings for the AAA's on how to plan and prepare for disasters. OVAR helps providers identify the critical components of care, identify and describe problems experienced by older persons, find and assess existing Best Care Practices, discover creative solutions to similar problems, and implement and replicate Best Care Practices in health care and community settings. The State Long Term Care Ombudsman Program has worked in conjunction with OVAR, the University of Kentucky and the University of Louisville to create and disseminate a Disaster Planning and Coordination Manual designed specifically for long term care facilities.

Major Political Initiatives: The 2012 Legislative Session saw few pieces of legislation passed effecting seniors or those with disabilities. Several key bills were introduced related to the creation of an adult abuse registry and the requirement for long-term care settings not to employ an individual who appears on the registry. Legislation requiring increased Alzheimer's training for police officers, emergency medical technicians and firefighters was also introduced but not passed. Legislation passed and signed into law by the Governor included:

House Bill 122- Prevents local governments from imposing additional licensing or other requirements on private agencies that receive public funding or governmental agencies which provide group home services for the disabled.

House Bill 467- Requires the Kentucky Department for Public Health to establish and implement a plan to achieve continuous quality improvement of the care provided under a statewide system for stroke response and treatment.

House Bill 510- Requires the Cabinet for Health and Human Services to collaborate with the University of Kentucky and the University of Louisville schools of dentistry to design and implement a pilot program to improve daily access to oral health care for nursing home residents.

Senate Bill 82- Prohibits a person who has been disciplined within the last five years from serving on a nursing home board of directors and imposes disciplinary penalty of up to \$2,000 per violation.

Senate Bill 115- Requires the Cabinet to pay for an individual to be examined and assessed by a qualified mental health professional prior to admission to a personal care home.

GOALS AND OBJECTIVES

Goals for State Plans are pre-set by the Administration on Aging, now known as the Administration on Community Living, at the federal level. States are provided the goals as parameters for the overall plan. Kentucky's objectives and strategies under the goals have been set in conjunction with the advocacy and provider community. Several small group meetings occurred during the past several weeks. In addition, the Department requested various organizations and entities to provide specific service and system priorities via e-mail.

The following identifies measureable goals and objectives for Kentucky to achieve in the next three years.

Goal 1. Empower older or *disabled Kentuckians, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options**

Aging Disability Resource Markets: Kentuckians will be able to access information regarding available health care and long term supports and services through a network of aging disability resource "markets" across the state. Kentucky was one of several states awarded the original ACL grant for Aging Disability Resource Centers and within a few years DAIL utilized state funds to implement the concept across the state. The ADRC was branded Kentucky Resource Markets and the Markets provide information and assistance via phone, printed materials, as well as, online, about local and statewide programs and services. ADRM staff make referrals to community resources to meet the individual's needs and provide options counseling. Funding cuts impacted the ADRMs but a new emphasis has been placed on expanding the markets through other DAIL providers. DAIL will continue to seek additional funding sources to expand the ADRC network and to ensure they are a reliable community resource.

Kentucky Care Coordination: DAIL has also implemented a single intake, prescreening, assessment and care coordination pilot in several regions of the state for all of the aging and disability programs operated through the Department. Care coordination will utilize a single lead case manager to ensure efficient use of resources and true coordination of services across programs. Care coordination will utilize person centered planning to develop plans of care. The project will be state wide by 2013 and will improve the quality of care to Kentucky's most vulnerable populations.

GOAL 1: Empower older or *disabled Kentuckians, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.**

OBJECTIVE 1.1 Provide equal access to appropriate and timely care for Kentuckians who are older, frail and/or disabled through a comprehensive, coordinated system of services which ensure the dignity of individuals and delay or prevent institutionalization.

OBJECTIVE 1.2 Provide a comprehensive single assessment and case management system through the Kentucky Care Coordination Project

OBJECTIVE 1.3 Provide supportive services in each district (in accordance with Section 321 of the OAA, or as amended) including responsible management of service provision, referrals, and intake.

OBJECTIVE 1.4 Provide comprehensive homecare services, adult day care services, supports for Alzheimer's Disease and Alzheimer's Respite Program, personal care attendant program (PCAP) and SHIP services in each of the districts.

OBJECTIVE 1.5 Provide a Community Education Plan on the importance of long-term care planning (including middle aged individuals, and those with Alzheimer's or Related Dementia)

OBJECTIVE 1.6 Merge policy development and operation of all long term care programs, services and supports for Kentuckians who are aging, physically disabled and/or brain injured into DAIL.

OBJECTIVE 1.7 Simplify the service system for individuals who are aging, physically disabled and/or brain injured by streamlining services and waivers regardless of funding source.

OBJECTIVE 1.8 Redefine and streamline the billable service array and expand provider base to increase access to community based services.

OBJECTIVE 1.9 Increase knowledge and access to community based services for individuals at highest need of nursing home placement.

OBJECTIVE 1.10 Provide ADRM and case management intake and assessment staff with specialized training in Alzheimer's and dementia, including changing needs of persons with dementia as they progress through the ADRD stages.

Strategies	Responsible Entity	Completion Date
1. Fully implement a single and comprehensive statewide assessment form and plan of care	DAIL	December 2012
2. Fully implement Care Coordination statewide	DAIL AAAIL	July 2013
3. Explore viability of becoming the operating entity for all programs serving those who are aging, physically disabled and/or have a brain injury.	DAIL CHFS	December 2012
4. Assess the availability of the state funded aging programs in each district and analyze gaps .	DAIL	June 2013
5. Develop workgroup to create a Community Education Plan and Marketing Strategies.	DAIL AAAIL	June 2013
6. Develop a workgroup of providers, advocates and consumers to redefine the aging and physically disabled service system in Kentucky	DAIL AAAIL	Workgroup formed December 2012, Plan developed June 2013, Plan implemented by December 2014
7. Develop and implement a new marketing strategies for the Kentucky Resource Market	DAIL	January 2013
8. Expand Aging and Disability Resource Markets to ten new provider agencies.	DAIL AAAIL	December 2013

Goal 2. Enable senior or *disabled Kentuckians to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.**

Kentucky was one of the first states to actively divert clients from long-term care facilities by providing community based programs. In 1982, Kentucky began the Home Care program that provides personal care, home making, chores, respite, escort and meals to individuals who have limited supports and would without services need long term care placement. In 1987 the Personal Care Assistance Program (PCAP) began as a model for consumer choice and decision-making providing ultimate flexibility for individuals to develop and implement an individualized plan of care to best meet their needs within their community.

Furthermore, Kentucky began the Consumer Directed Option (CDO) service delivery option in September 2006 for those participating in any of three (3) Medicaid Waivers, Acquired Brain Injury – Acute Care, Home and Community Based services, and Supports for Community Living (ABI, HCB, and SCL, respectively). Later, the CDO service deliver option was introduced into the Acquired Brain Injury-Long Term Care and Michele P. waivers. Additional programs further support individuals and their caregivers in their communities by providing information and access to services and supports (Examples include: National Caregiver Support Program and Nutrition Services).

In 2010, Kentucky’s Department for Medicaid Services (DMS) designated the ADRMs as the Local Contact Agency (LCA) for referrals related to the revised CMS LTC Resident Assessment Instrument, Section Q. The assessment is provided periodically throughout the year to any individual of any payor source residing in a nursing home facility. When an individual or their family indicates they would like more information about returning to the community and their health care needs could reasonably be met in the community, a referral is made to the LCA (ADRM). The implementation of this project has strengthened relationships between the ADRM and their local nursing home facilities. As such, Kentucky received a Money Follows the Person (MFP) supplemental award of \$400,000 over a two year period, to implement the revised requirements. DAIL will develop a workgroup to determine the actual unit cost to operate as a LCA to negotiate an on-going rate after the grant ends. The establishment of a viable rate will help strengthen the financial support of ADRMs as they continue to be the designated LCA.

Despite the initiatives described above, access to community based services for Kentucky’s elderly and disabled continues to be limited compared to institutional options. Yet, Kentuckians overwhelmingly state they want to remain in their homes and receive needed care and support. Consequently, the Department will strive to increase training and education throughout the stakeholder network to best meet the needs of individuals with Alzheimer’s Disease or Related Dementia, as well as their caregivers, and veterans.

During the next three years, Kentucky will develop mechanisms to create a more equitable distribution of funding by restructuring the current service array and providing opportunities for providers of institutional services or “building based” services to expand their business model to include community based services provided in the individual’s home. DAIL will also seek mechanisms and incentives to encourage development

of specialized services for individuals with Alzheimer's disease, dementia, brain injuries and co-occurring disorders including mental illness.

DAIL will seek to streamline the service system for each population to reduce burdensome administrative costs, duplication and create easier access to services. New opportunities afforded under the Affordable Care Act, such as Community First Choice Option and the 1915i State Plan will be explored to assist with system-wide restructuring.

GOAL 2: Enable senior or disabled Kentuckians* to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

OBJECTIVE 2.1 Increase knowledge and access to community based services for individuals at high risk of nursing home placement.

OBJECTIVE 2.2 Increase capacity to provide training across service delivery spectrums and improve data prevalence systems related to Alzheimer's Disease and Related Disorders.

OBJECTIVE 2.3 Provide for needed services that support individuals caring for loved ones at home or the community

OBJECTIVE 2.4 Provide for equitable distribution of funding for services to be delivered to individuals in the community

OBJECTIVE 2.5 Provide for support of caregivers through regional programs that provide information, assistance accessing resources, training, respite, counseling, support groups and other services provided in the National Family Caregiver Support Program in accordance with Section 373 of OAA (42 U.S.C.3030s-1)

OBJECTIVE 2.6 Provide for support of grandparents/relative caregiver through regional programs that provide information, assistance accessing resources, training, respite, counseling, support groups and other services provided in the National Family Caregiver Support Program and Kentucky Caregiver Support Program.

OBJECTIVE 2.7 Provide for district nutrition services to reduce hunger and food insecurity, promote socialization of older individuals, promote health and well-being of older individuals by assisting such individuals in gaining access to nutrition and other disease prevention and health promotion services, and to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Strategies	Responsible Entity	Completion Date
1. Develop workgroup to determine how to provide for equitable distribution of funds for services to be delivered in the community	DAIL	August 2013
2. Create marketing plan to increase visibility and access to home and community based services	DAIL AAAIL	November 2013
3. Ensure that 100% of meal participants receive	AAAIL	Ongoing

nutrition screening and nutrition education.		
4. Ensure that 100% of those identified with nutritional risk receive appropriate follow-up	AAAIL	Ongoing
5. Standardize state-wide satisfaction surveys and ensure completion and submission to the Department within specified time-frames.	AAAIL	June 2013
6. Develop revised training plan crossing all programs and target audiences.	AAAIL	2014
7. Explore expansion of services pertaining to home modifications.	AAAIL	January 2013

Goal 3. Empower older and *disabled Kentuckians to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.**

The third leading cause of unintentional death in Kentucky is related to falls (National Safety Council: Injury Facts, 2008). Though the frequency and rate of fatal falls in Kentucky seniors has remained level since 2000, falls are the most common cause of injuries and hospital admissions for trauma among the elderly. To address the concern of falls in older adults, Kentucky implemented ‘A Matter of Balance’ intervention program. ‘A Matter of Balance’ is a structured evidence-based group program that addresses fall risk factors and prevention, including physical, social, and cognitive factors affecting fear of falling, and allows participants to learn fall prevention strategies. This program consists of classes that include group discussion, problem solving, skill building, assertiveness training, videotapes, sharing practical solutions, and exercise training. Implemented in several regions in Kentucky in the fall of 2007, the goal is for classes to continue on an ongoing basis in community centers and faith-based organizations throughout Kentucky.

There are other evidenced-based programs that the AAAIL have successfully implemented within their districts. For example, the Kentuckiana Regional Planning and Development Agency (KIPDA) AAAIL utilizes a network of providers and partners to initiate health promotion activities across the district. They have implemented the Arthritis Foundation Exercise Program, the Chronic Disease Self-Management Series, Living Well Workshop and Cooking for One. The recruitment of program participants and actual program delivery is best accomplished through community-based volunteers. These volunteer opportunities allow individuals who are aging and/or disabled to remain active members within their communities.

Kentucky plans to continue to focus on injury prevention and awareness through collaboration between Governmental and community stakeholders. DAIL will continue to work collaboratively with the Brain Injury Alliance of Kentucky, Safe Kids Coalition, and the Kentucky Safe Aging Coalition on addressing the ongoing issues of falls and injury prevention among our aging and disabled populations, as well as the general public. With participation in and collaboration with these workgroups, DAIL staff engage in planning and implementation of various community activities. Fall prevention is addressed via media campaigns, promotion of wellness programs for seniors, educational outreach at community events, web-resources, and professional

networking so that provider agencies may disseminate up-to-date information and make appropriate referrals. Injury prevention efforts in child and adolescent populations include car and passenger safety, sports safety, concussion awareness and treatment, poison prevention, outreach to educate parents on prevention measures in the home, vehicle, and community, and seasonal risks such as water sport safety and winter exposure.

Goal 3. Empower older and *disabled Kentuckians to stay active and healthy through Older Americans Act services and the new prevention benefits, including programs funded under Medicare;**

OBJECTIVE 3.1 Increase capacity to provide training across service-delivery spectrums and improve data prevalence systems related to Alzheimer's Disease

OBJECTIVE 3.2 Empower senior Kentuckians and individuals with disabilities to stay active and healthy through Evidence Based Disease Prevention programs

OBJECTIVE 3.3 Maintain the health and functional independence of Kentucky's older adults by offering programs that educate, assist and enable them to remain active and independent.

OBJECTIVE 3.4 Provide older persons with opportunities to obtain services through employment and volunteering.

OBJECTIVE 3.5 Promote the use of Evidence-Based Disease and Disability Prevention Programs and the prevention benefits available under Medicare.

Strategies	Responsible Entity	Completion Date
1. Provide for a minimum of two Evidence Based Disease Prevention Programs per region.	DAIL AAAIL	July 2013
2. Develop a resource directory of evidence based programs and trainers throughout the districts.	DAIL health promotion staff	Ongoing
3. Ensure 100% of Title IIID expenditures meet ACL requirements.	AAAIL DAIL	Ongoing
4. Promote volunteer opportunities across programs such as SHIP, Long-Term Care Ombudsman, Friendly Visitors and AmeriCorps.	DAIL and AAAIL	Ongoing

Goal 4. Ensure the rights of older and *disabled Kentuckians and seek to prevent their abuse, neglect and exploitation**

Long-Term Care Ombudsman: The Kentucky Long Term Care Ombudsman Program (LTCOP) seeks to maintain and improve the quality of life of residents of long-term care facilities (nursing homes, personal care homes, family care homes and Intermediate Care Facilities for the Mentally Retarded). Kentucky's LTCOP supports 15 District Ombudsmen throughout the Commonwealth through its AAAIL network to assist residents, families, nursing home providers, and the community-at-large with long term care supports. Ombudsmen are

certified, educated, and assigned to facilities as an accessible means of reinforcing and exercising the residents' rights, facilitating the complaint process, and resolving concerns of residents of long-term care facilities statewide. Residents' wishes are emphasized, promoting individual dignity and self-determination, while protecting their rights.

Several districts provide Friendly Visitors, another type of volunteer to assist residents living in long-term care facilities. Friendly Visitors visit individuals to reduce isolation and loneliness while providing a community presence. Friendly Visitors work with certified Ombudsmen to ensure residents' interests and lifestyles are honored by others. District Ombudsman programs must also actively recruit and retain volunteers to build and expand upon their current program.

The Kentucky LTCOP created and will continue to enhance Multi Agency Regional Forums, bringing together the Government agencies that interface with the protection of residents in long term care, as a way to meet required advocacy needs. Participating agencies include local representatives from Adult Protective Services, Guardianship, Office of Inspector General, Office of Attorney General, Area Agencies on Aging and Independent Living, Protection and Advocacy and the Long Term Care regional Ombudsman. Forums have identified real and/or potential gaps within coordinated service delivery and developed solutions with the partnering agencies to better enhance coordinated service delivery.

Elder Abuse Prevention: Kentucky is a national leader in its coordinated grass roots efforts at raising awareness of elder abuse in communities across the state. Our Local Coordinating Councils on Elder Abuse serve as a model for other states to emulate. This network of councils has successfully created public awareness through published literature available at various frequently visited locations in their area. They have created billboards, placed information on a host of different outlets, including but are not limited to: prescription bags, web sites, and widely distributed senior publications. The Councils have produced a "Fraud Fighters Form" that has been replicated in many states across the country.

The State LTCO will continue to develop and conduct training and awareness courses on Elder Abuse and the need for community involvement. These trainings are regularly requested by Kentucky's mental health agencies, nursing homes, universities, churches, and through a multitude of conferences across our state, as well as in other states. Additionally, the Ombudsman program has partnered with the Department of Criminal Justice to develop and provide training for all law enforcement agencies across the state, in an effort to raise awareness of the issues and the unique dynamics surrounding elder abuse.

DAIL and the Office of the State Long Term Care Ombudsman have committed to help develop a subcommittee from the State Elder Abuse Committee, to focus on initiatives aimed at raising Public Awareness across our Commonwealth. The committee will also focus on a separate but equally important area, Professional Development and Awareness. This subcommittee will seek to distribute and have broadcast Public Service Announcements, entitled "It's Time to Speak Up", which are aimed at raising elder abuse awareness and instilling a need for citizens to become actively involved in the issue. The PSAs were adopted by the Screen Actors Guild and have been shown nationwide, as well as in other countries. Additionally the PSA's were also shown as pre-movie trailers in theaters across the country. Although they were created and produced in

Kentucky, they have seen little air time in our Commonwealth. The Public Awareness Sub Committee will seek to change that.

Abuse of individuals with Alzheimer's and other brain disorders is increasing as the population ages. The Kentucky Council on Alzheimer's disease as well as the Institute on Aging remains firmly resolved to the establishment of formalized training for all Nursing Home and residential living personnel as well as hospital staff and first responders.

Kentucky will strive to develop relationships with police and community partners to develop and implement training (such as, but not excluding, bankers, attorneys, police, emergency personnel, etc. to enhance these community partners ability to recognize the signs of dementia and potential abuse.

In 1998, Kentucky recognized the need to enhance services to elder victims of abuse and developed Local Coordinating Councils on Elder Abuse (LCCEA). These councils create the most practical and functional means of bringing community partners together with a multi-disciplinary approach to addressing a common cause-- Elder Abuse. Membership includes staff representing Adult Protective Services, law enforcement agencies, County Attorney's, Area Agencies on Aging, Long Term Care Ombudsman, as well as private citizens who share the concern for some of our most vulnerable citizens. Because the councils are "local" by nature, they are better able to identify the specific needs of their community. Presently, 115 of Kentucky's 120 counties are covered by an LCCEA; however some councils are more active than others. Each of the 15 Area Agencies on Aging and Independent Living are involved at some level with the LCCEA's in their area. The councils have developed such services as emergency elder shelters, informational cards for law enforcement officers to have in the patrol cars which contain crucial resource information for victims of elder abuse. Additionally, the councils have rented billboard signs across the state which promote the 800 number for reporting elder abuse, provide training on a regular basis to first responders, serve as legislative advocates, provide a friendly visitor program for the home based elder, and have produced a prevention tool called the Kentucky Fraud Fighter Form. The KY Fraud Fighter Program was recently recognized by the National Center on Elder Abuse (NCEA). As a result, Kentucky received inquiries from 15 states and 3 countries on how to replicate the program. Kentucky is proud to be the only state in the nation to have such an organized multi-disciplinary grass roots effort to address elder abuse.

Kentucky will further its efforts to reduce elder abuse by implementing the "Shout It Out" Signature Program for Ensuring Safety for Seniors". This is a 3 prong approach to ensure safety for seniors.

Step 1 Scams and Theft: In partnership with the Attorney General's Office, promote awareness of identity theft and other kinds of financial abuse for seniors. Utilize a volunteer network of trainers to go to local senior citizen housing complexes to educate on these vital issues.

Step 2 Medicare Part D Abuse: Work with Department of Insurance, Kentucky State Police, and the Attorney General's Office to create a task force to study and create a working plan to address the increasing abuse of insurance agencies that are misleading elderly regarding Medicare Part D.

Step 3 Golden Alert: Assist the Justice Cabinet in promoting the availability of the Diantha Louise George Golden Alert bill for locating seniors and persons with disabilities who may be lost or otherwise disoriented.

As the Department has grown to include other vulnerable populations, so has the need to expand abuse prevention efforts. Through our network of community partners and stakeholders, DAIL will advocate for abuse prevention among persons with disabilities regardless of age and will support training and outreach efforts to reduce incidences of abuse of vulnerable persons in Kentucky.

Public Guardianship Program: DAIL operates Kentucky's state Guardianship program. Kentucky's Public Guardianship Program has offices in each region of Kentucky. Guardianship is a legal relationship between a court appointed party (adult) that assumes the responsibility of guardian and a ward (adult) being the individual that has been declared "legally disabled" (wholly or partially) by the court and is unable to care for personal needs and /or unable to manage his/her financial resources. If no family member, friend or neighbor is willing to serve or able to care for the individual, then as a last resort, a state guardian will be appointed by the court. To ensure the health safety and welfare of the wards of the state, Kentucky will increase the number of staff within the program. Kentucky is also developing new mechanisms to ensure financial security of the wards through developing trust accounts and enhancing benefit and financial management procedures.

Legal Assistance: Legal Assistance shall be provided through coordinated efforts by DAIL and the AAAILs to assist and enable low income elderly, disabled and other vulnerable older individuals in Kentucky resolve legal problems that are barriers to self-sufficiency, and to provide these individuals an opportunity for an improved quality of life.

A recent statewide survey and evaluation of the legal needs of older Kentuckians, indicated many elderly and disabled Kentuckians reported problems understanding the rules of Social Security, SSI, Medicare, Medicaid and other benefits programs. Issues of consumer protection, contract law and consumer lending were also identified in the study and these are areas where the legal aid network can provide meaningful advice and assistance.

Financial exploitation remains a significant issue in Kentucky. For that reason, Kentucky will work with Kentucky Access to Justice to distribute a financial planning guide for ADRM counselors to use with callers to better advise them of the services and resources that are available to them within their region. This guide along with face to face training will better equip the counselors to provide Options Counseling through the ADRM. With nearly three-fourths of respondents indicating that they do not use the internet, the time has not yet arrived for providing of consumer information for seniors online. Outreach efforts need to continue through word of mouth and targeting marketing within each region.

GOAL 4: Ensure the rights of older Kentuckians and *disabled Kentuckians and seek to prevent their abuse, neglect and exploitation**

OBJECTIVE 4.1 Advocate on behalf of senior Kentuckians, adults with disabilities and other vulnerable populations to assure quality care and to maintain their quality of life.

OBJECTIVE 4.2 Provide Title VII Programming for elder abuse awareness

OBJECTIVE 4.3 Provide a Title VII Program for the prevention of elder abuse including neglect and exploitation

OBJECTIVE 4.4 Provide for a coordinated legal services system to assist and enable low income elderly, disabled and other vulnerable older individuals in Kentucky to resolve legal problems that are barriers to self-sufficiency and to provide these individuals and opportunity for improved quality of life.

OBJECTIVE 4.5 Expand marketing and community outreach of the Elder Abuse Committee

Strategies	Responsible Entity	Completion Date
1. Certify 100% of LTCO (both paid and volunteer)	DAIL SLTCO	Ongoing
2. Conduct annual district wide community education and training events, implement initiatives developed at the state level aimed at raising awareness of elder abuse, and the needs of our vulnerable adult population.	DLTCO AAAIL	Ongoing
3. Conduct annual district wide long-term care facility education and training events on elder abuse awareness and resident rights.	DLTCO AAAIL	Ongoing
4. Expand volunteer base by 25% per year until 100% coverage in all facilities.	DLTCO AAAIL	July 2013
5. Increase District Long-Term Care Ombudsman client resolution by 2%.	AAAIL	June 2013
6. Implement initiatives developed at the state and local program level aimed at raising awareness of the Long Term Care Ombudsman Program, promoting citizen involvement through advocacy and volunteer recruitment.	DLTCO AAAIL	July 2013

Goal 5: Maintain effective and responsive management.

Performance Based Management. DAIL has translated the state vision and strategies to the operational level by requiring the AAAILs to integrate effective performance measurement and management into the area planning process. The goal of implementing Performance Based Management is to enhance Kentucky's system of care, providing programs and services to preserve individual dignity, self-respect and independence on behalf of Kentucky's elders and people with disabilities, by increasing the use of research based practices to assure service quality, effectiveness and responsiveness and to produce positive, measurable, individual outcomes. Included in these requirements are the incorporation of ACL's priorities, performance based provider contracts, and incentives to improve regional service provision. With the shift to Performance Based Management, DAIL is committed to ensuring quality of services to Kentuckians, collaborating with the AAAs to develop strategies for high quality and high-performance, while making most efficient use of diminishing financial resources.

Social Assistance Management System (SAMS). SAMS is a comprehensive consumer and case management data system that combines electronic client records and a service unit tracking system. Each AAAIL has a SAMS database into which case managers and service providers input client information including but not limited to referrals, assessments/reassessments, household income data, and service units. Currently each AAAIL transmits data to a secure web location and it is imported into the central SAMS database at the state level, with oversight by DAIL. Use of SAMS creates a means of standardizing screening and assessment tools to ensure consistent evaluation, to assist in the single point of entry, and for the compilation of consistent data to ensure resource equity across the state. Kentucky's system is a web-based central database which allows for the AAAIL case managers and service providers to input directly into a statewide system. This system has provided for more accuracy of accounting for services and provided for real time data results.

Quality assurance within the provider network is a priority within DAIL. DAIL values the need to holistically address the specific issues related to the populations served particularly from a case management point of view; the topics included are interviewing skills, assessments and building a plan of care, identifying health, safety, and welfare issues, verbal and written communication, etc. Providers of individuals with disabilities served within DAIL are mandated to attend annual trainings on programming and person-centered principles. DAIL host regional trainings on a semi-annual and telephonic conferencing on a monthly basis for technical assistance and updates of policies and procedures. DAIL requires a minimum of monthly contact with providers to ensure the health, safety and welfare and plan of care compliance of clients as well as provider specific consultation on an as needed basis. Furthermore, DAIL hosts forums for providers and clients to assist with transparency of programming and person centered principles

For individuals in Long Term Care facilities who are not appropriate for diversion, DAIL will strive to ensure the availability of quality services. It is the objective of the DAIL to make certain that residents have the highest level of care available and that all medical and social needs are met regardless of the individual's level of functioning. Possible ways of meeting this objective are to research the quality and quantity of staffing as well as empowering families to advocate on behalf of loved ones to see that all medical (including dental and optical) necessities are addressed.

GOAL 5: Promote effective and responsive management.		
OBJECTIVE 5.1 Ensure effective and efficient program delivery and fiscal management at all levels of the delivery system.		
OBJECTIVE 5.2 Promote effective emergency preparedness and responsiveness to older people and those with disabilities both in the community as well as in a long term care setting.		
OBJECTIVE 5.3 Impart financial flexibility in order to achieve the highest efficiencies to support increasing demand for services.		
Strategies	Responsible Entity	Completion Date
1. Provide contractual outcomes for Performance Based Management practices to the AAAIL.	DAIL	July 2013

2. Demonstrate transparency through definitive findings of the administrative, fiscal and programmatic practices of the AAAIL by DAIL.	DAIL	Ongoing
3. Explore methods to incentivize accurate and timely client information for service utilization via SAMS database and SHIPtalk.	DAIL	December 2013
4. Complete 100% program monitoring by end of each fiscal year	DAIL	Ongoing
5. Ensure AAAIL expend a minimum of 90% of funds by end of each fiscal.	DAIL AAAIL	Ongoing
6. Provide timely reports to ACL by indicated deadline, 100% of the time.	DAIL	Ongoing

***Please note: Goals have been slightly altered from the federal goals to be inclusive of all populations served by DAIL.**

KENTUCKY INTRASTATE FUNDING FORMULA

The following is a description of the intrastate funding formula used to allocate Older Americans Act funds in accordance with section 305(a)(2)(c) of the Older Americans Act and 1321.37 of the regulations published August 31, 1988, in the Federal Register.

The formula was developed by a task force composed of representatives selected by the Institute for Aging, Kentucky Association of District Directors, Kentucky Association of Area Agencies on Aging and Independent Living, and the State Unit on Aging. All components of the formula have been updated to include information from the most recent census (Attachment C). There are no revisions to the Intrastate Funding Formula at this time.

DESCRIPTION STATEMENT

The formula reflects both the historical growth of aging programs in Kentucky and past allocation practices. It also contains demographic information in its calculations with a special emphasis on those in greatest social and economic need with particular attention to low-income minority individuals. The intrastate formula reflects the following factors:

- Funds equal to those allocated in 1984 will be used as a base allocation for each Area Agency on Aging; and,
- All remaining funds will be allotted to the Area Agencies on a formula which is composed of the following demographic factors:
 - 60+ Population - 2010 Census Estimates
 - 60+ Population living in rural counties - 2010 Census
 - 60+ Low Income Population - 2010 Census
 - 60+ Low Income Minority Population - 2010 Census

In order to give consideration to rural areas and low income minority elderly, they were weighted at 1.05 each. The other two factors were weighted at 1.00 each. The total of the four demographic categories for the state was then divided into each area total for the same four categories. This resulting percentage determined the portion of funds each area received.